


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A29478</b>			
1. Entity Name <b>B &amp; D INVESTMENTS GROUP, LTD.</b>			
Principal Place of Business % LIFTER ENTERPRISES 18425 NW 2 AVE., #305 MIAMI FL 33169		Mailing Address % LIFTER ENTERPRISES PO BOX 694645 MIAMI FL 33269-1645	
2. Principal Place of Business <b>17760 NW 2ND AVENUE</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. <b>200</b>		Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State	
Zip <b>33169</b>	Country <b>USA</b>	Zip	Country

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**05 JAN 26 AM 10:25**



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent <b>LIFTER, BENNETT M.</b> <b>18425 NW 2ND AVE., #305</b> <b>MIAMI FL 33169</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		11. <b>FILE NOW!!! Due by May 1, 2005</b> See Block 11 instructions for fee info.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable		DATE _____	
9. Capital Contributions as Shown on record. <b>\$250,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.		

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	LIFTER, BENNETT M 18425 NW 2 AVE., #305 MIAMI FL 33169	STREET ADDRESS	<b>17760 NW 2ND AVENUE #200</b>
NAME		CITY-ST-ZIP	<b>Miami, FL 33169</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	<b>900046010369</b>
NAME		CITY-ST-ZIP	<b>02/04/05--01010--004 **526.25</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE